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PTO/SB/50 (08-00)

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A/R

REISSUE PATENT APPLICATION TRANSMITTAL

PTO
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Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	GR 95 P 2133
First Named Inventor	Holger Sedlak
Original Patent Number	6,166,952
Original Patent Issue Date (Month/Day/Year)	12/26/2000
Express Mail Label No.	EL608558573US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?

Yes No

(If Yes, check applicable box(es))

- Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 024131 or Correspondence address below
(from Customer File or attach bar code label here)

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NAME (Print/Type)	Laurence A. Greenberg	Registration No. (Attorney/Agent)	29,308
Signature	2/15/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
GR 95 P 2133

Claims as Filed - Part 1				Claims as Amended - Part 2			
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ _____ =		x \$ 18 =	0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =		x \$ 80 =	0
				Basic Fee (37 CFR 1.16(h)) \$ _____			
				Total Filing Fee \$ _____			

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS ****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee \$ _____		OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 14, 2001

Date

LAURENCE A. GREENBERG
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Signature of Applicant, Attorney or Agent of Record

Laurence A. Greenberg
Typed or printed name